

United States Bankruptcy Court  
Northern District of Illinois

## Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Percudani, Michael		Name of Joint Debtor (Spouse) (Last, First, Middle): Percudani, Dawn	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): None	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 6150		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 4144	
Street Address of Debtor (No. and Street, City, and State) 702 Prospect Avenue Kirkland, IL		Street Address of Joint Debtor (No. and Street, City, and State) 702 Prospect Avenue Kirkland, IL	
		ZIPCODE 60146	ZIPCODE 60146
County of Residence or of the Principal Place of Business: DeKalb		County of Residence or of the Principal Place of Business: DeKalb	
Mailing Address of Debtor (if different from street address): P.O.Box 73 Kirkland, IL		Mailing Address of Joint Debtor (if different from street address): P.O.Box 73 Kirkland, IL	
		ZIPCODE 60146	ZIPCODE 60146
Location of Principal Assets of Business Debtor (if different from street address above):			
<b>Type of Debtor</b> (Form of Organization) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) 		<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other N.A.	
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests: _____  Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____		<b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)	
<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		<b>Nature of Debts</b> <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D)  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter).  <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.			
<b>THIS SPACE IS FOR COURT USE ONLY</b>			
<b>Estimated Number of Creditors</b> <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000			
<b>Estimated Assets</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			
<b>Estimated Liabilities</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Document Page 2 of 11 Name of Debtor(s): Michael Percudani & Dawn Percudani
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: NONE	Case Number:	Date Filed:
Location Where Filed: N.A.	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: NONE	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>X</b> <u>/s/ Brian K. Wright</u> Signature of Attorney for Debtor(s) _____ Date _____
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)		
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
_____ (Name of landlord that obtained judgment)		
_____ (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).		

**Voluntary Petition**  
(This page must be completed and filed in every case)

Name of Debtor(s):  
Michael Percudani & Dawn Percudani

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Michael Percudani

Signature of Debtor

**X** /s/ Dawn Percudani

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

**Signature of Attorney\***

**X** /s/ Brian K. Wright

Signature of Attorney for Debtor(s)

**BRIAN K. WRIGHT 6304330**

Printed Name of Attorney for Debtor(s)

**Brian Wright & Associates, P.C.**

Firm Name

**437 West State Street**

Address

**Suite 101Sycamore, IL 60178**

**815-895-2074 bw@wrightandassociateslaw.com**

Telephone Number

e-mail

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 of title 11 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X** \_\_\_\_\_

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

In re Michael Percudani & Dawn Percudani  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: \_\_\_\_\_ /s/ Michael Percudani  
MICHAEL PERCUDANI

Date: \_\_\_\_\_

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

In re Michael Percudani & Dawn Percudani  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Joint Debtor: /s/ Dawn Percudani  
DAWN PERCUDANI

Date: \_\_\_\_\_

**B6 Cover (Form 6 Cover) (12/07)**

**FORM 6. SCHEDULES**

**Summary of Schedules**

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

**Unsworn Declaration under Penalty of Perjury**

**GENERAL INSTRUCTIONS:** The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank.

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

In re Michael Percudani & Dawn Percudani

**Debtor**

Case No. \_\_\_\_\_

(If known)

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
		Total	0	

(Report also on Summary of Schedules.)

In re Michael Percudani &amp; Dawn Percudani

Debtor

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		U.S. Currency Debtors' Residence	J	45
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account TCF National Bank 800 Burr Ridge Parkway Burr Ridge, IL 60527	H	2,500
		Checking Account Alpine Bank P.O.Box 6086 Rockford IL 61125-1086	W	375
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security Deposit Christine Demory P.O.Box 544 Sterling, IL 61081	J	1,225
4. Household goods and furnishings, including audio, video, and computer equipment.		Couches, tvs, computer, printer, dining table, chairs, hutch, 3 beds, 3 dressers, cocktail table, end tables dinnerware, cookware Debtors' Residence	J	2,000

In re Michael Percudani & Dawn Percudani  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Pictures, 50 records, 25 DVDs, 50 CDs Debtors' Residence	J	400
6. Wearing apparel.		Miscellaneous Clothing Debtors' Residence	J	600
7. Furs and jewelry.		Wedding Rings Debtors' Residence	J	500
8. Firearms and sports, photographic, and other hobby equipment.		2 bowling balls, bowling shoes Debtors' Residence	J	50
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement Account CUNA Mutual Retirement Solutions 1809 24th Street Great Bend, KS 67530-1167	H	5,702
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.		Vacation Club Membership Universal Vacation Club Servicing Company P.O. Box 96058 Las Vegas, NV 89193	J	Unknown

In re Michael Percudani & Dawn Percudani  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2004 Hyundai Santa Fe Debtors' Residence	J	1,825
		2002 Ford F150 Truck Debtors' Residence	J	3,075
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			

**In re Michael Percudani & Dawn Percudani**

**Case No.**

### Debtor

(If known)

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

0

continuation sheets attached

Total

18,297

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Michael Percudani & Dawn Percudani

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. § 522(b)(2)

Check if debtor claims a homestead exemption that exceeds  
\$155,675\*.

11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2004 Hyundai Santa Fe	735 I.L.C.S 5§12-1001(c)	1,825	1,825
2002 Ford F150 Truck	735 I.L.C.S 5§12-1001(c) 735 I.L.C.S 5§12-1001(b)	2,400 675	3,075
U.S. Currency	735 I.L.C.S 5§12-1001(b) 735 I.L.C.S 5§12-1001(b)	22 23	45
Security Deposit	735 I.L.C.S 5§12-1001(b)	1,225	1,225
Couches, tvs, computer, printer, dining table, chairs, hutch, 3 beds, 3 dressers, cocktail table, end tables dinnerware, cookware	735 I.L.C.S 5§12-1001(b) 735 I.L.C.S 5§12-1001(b)	1,000 1,000	2,000
Pictures, 50 records, 25 DVDs, 50 CDs	735 I.L.C.S 5§12-1001(b) 735 I.L.C.S 5§12-1001(b)	200 200	400
Miscellaneous Clothing	735 I.L.C.S 5§12-1001(a) 735 I.L.C.S 5§12-1001(a)	300 300	600
Wedding Rings	735 I.L.C.S 5§12-1001(b) 735 I.L.C.S 5§12-1001(b)	250 250	500
2 bowling balls, bowling shoes	735 I.L.C.S 5§12-1001(b) 735 I.L.C.S 5§12-1001(b)	25 25	50
Retirement Account	735 I.L.C.S 5§12-1006	5,702	5,702
Checking Account	735 I.L.C.S 5§12-1001(b)	2,500	2,500
Checking Account	735 I.L.C.S 5§12-1001(b)	375	375
	Total exemptions claimed:	18,297	

\*Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re Michael Percudani & Dawn Percudani,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR <small>HUSBAND, WIFE, JOINT OR COMMUNITY</small>	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
			CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO.						
		VALUE \$				
ACCOUNT NO.						
		VALUE \$				
ACCOUNT NO.						
		VALUE \$				

0 continuation sheets attached

Subtotal  $\gg$   
(Total of this page) \$ 0 \$ 0

Total  $\gg$   
(Use only on last page) \$ 0 \$ 0

(Report also on  
Summary of Schedules) (If applicable, report  
Summary of Certain  
Liabilities and Related  
Data.)

**B6E (Official Form 6E) (04/13)**

In re Michael Percudani & Dawn Percudani,  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

**Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

\*Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**B6E (Official Form 6E) (04/13) - Cont.**

In re Michael Percudani & Dawn Percudani  
Debtor

Case No. \_\_\_\_\_  
(if known)

## Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

## Deposits by individuals

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

## Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

## □ Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
Account Recovery Services P.O.Box 2526 Loves Park, IL 61132	J	Consideration: Collection Agent for Unknown Creditor			Notice Only
ACCOUNT NO. Multiple Accounts					
Accounts Receivable Services 5183 Harlem Road Loves Park, IL 61111	H	Consideration: Collection Agent for Beaute Emergente and Jamil Hussain MD			Notice Only
ACCOUNT NO.					
Advanced Cardiology 1710 North Randall Road Suite 340 Elgin, IL 60123-9405	J	Consideration: Medical services			10
ACCOUNT NO.					
Affiliated Surgeons of Rockford 2300 North Rockton Avenue Rockford, IL 61103	J	Consideration: Medical services			1,782
Subtotal >					\$ 1,792
Total >					\$

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR  HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.  American Accounts & Advisers 7460 80th Street S Cottage Grove, MN 55016	J	Consideration: Collection Agent for Kirkland Fire Protection District			Notice Only
ACCOUNT NO.  American Medical Collection Agency 4 Westchester Plaza, Building 4 Elmsford, NY 10523	J	Consideration: Collection Agent for Quest Diagnostics			Notice Only
ACCOUNT NO.  ARC - DeKalb 520 East 22nd Street Lomberd, IL 60148-6110	J	Consideration: Medical services			185
ACCOUNT NO.  ARS P.O.Box 2526 Loves Park, IL 61132		Consideration: Collection Agent for Beaute Emergente & Jamile Hussain			Notice Only
ACCOUNT NO.  Beaute Emergente LLC 1016 Featherstone Road Rockford, IL 61107	J	Consideration: Medical services			521
Sheet no. <u>1</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal ➤		\$ 706
			Total ➤		\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. Multiple Accounts			Consideration: Credit card debt			
Capital One PO Box 85520 Richmond, VA 23285	J					5,515
ACCOUNT NO. 13 SC 1371			Consideration: Judgment Creditor			
Capital One Bank NA c/o Freedman, Anselmo, Leibske & Moore 1807 W Diehl Road Naperville, IL 60563						Notice Only
ACCOUNT NO.			Consideration: Medical services			
Central DuPage Hospital 25 North Winfield Road Winfield, IL 60190	J					332
ACCOUNT NO.						
Chase Card Po Box 15298 Wilmington, DE 19850		W				Notice Only
ACCOUNT NO.						
Commonwealth Edison 3 Lincoln Center Attn: Bkcy Group-Claims Dept. Oakbrook Terrace, IL 60181	J		Consideration: Electric Utility Service			401
Sheet no. <u>2</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$	6,248
				Total >	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Medical services			
Community Neurologic Center 2172 Blackberry Drive Suite 202 Geneva, IL 60134	J					53
ACCOUNT NO.			Consideration: Medical services			
Community Neurologic Center 2172 Blackberry Drive Suite 202 Geneva, IL 60134-1106	J					53
ACCOUNT NO.			Consideration: Collection Agent for American Accounts			
Como Law Firm P.O.Box 130668 St. Paul, MN 55113-0006	J					Notice Only
ACCOUNT NO.			Consideration: Medical services			
Consultants in Diagnostic Imaging P.O.Box 865 DeKalb, IL 60115	J					75
ACCOUNT NO.			Consideration: Collection Agent for OSF Medical Group			
Convergent Healthcare Recoveries, Inc. 121 NE Jefferson Street Suite 100 Peoria, IL 61602	H					Notice Only
Sheet no. <u>3</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$	181
				Total >	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**B6F (Official Form 6F) (12/07) - Cont.**

**In re** Michael Percudani & Dawn Percudani,  
**Debtor**

**Case No.** \_\_\_\_\_  
**(If known)**

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR  HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED	
ACCOUNT NO.		Consideration: Collection Agent for Sprint			
Convergent Outsourcing 800 SW 39th Street Renton, WA 98057	H				Notice Only
ACCOUNT NO.		Consideration: Collection Agent for Commonwealth Edison			
Credit Protection Association 13355 Noel Road Dallas, TX 75240	J				Notice Only
ACCOUNT NO.		Consideration: Collection Agent for Greater Elgin Emergency Specialists			
Creditors Collection B 755 Almar Parkway Bourbonnais, IL 60914	W				Notice Only
ACCOUNT NO.		Consideration: Collection Agent for Affiliated Surgeons of Rockford & Physicians Immediate Care			
Creditors Protection S 202 W State Street Suite 300 Rockford, IL 61101	J				Notice Only
ACCOUNT NO.		Consideration: Collection Agent for Lifewatch			
Crestwood Group P.O.Box 22630 Cleveland, OH 44122	J				Notice Only

Sheet no. 4 of 19 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 0  
Total > \$  
Schedule F )

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Medical services			
Dale A. Drake, DDS 515 Pearl Street Belvidere, IL 61008	J					150
ACCOUNT NO.			Consideration: Medical services			
DeKalb Clinic Chartered 1850 Gateway Drive Sycamore, IL 60178	J					655
ACCOUNT NO.			Consideration: Satellite Service			
DIRECTV Customer Service P.O. Box 6550 Greenwood Village, CO 80155-6550	W					80
ACCOUNT NO.			Consideration: Collection Agent for Rush Copley Medical Center			
Diversified Services Group 5800 East Thomas Road Suite 107 Scottsdale, AZ 85251	J					Notice Only
ACCOUNT NO.			Consideration: Collection Agent for Rush Copley Medical Center			
DSG Collections 1824 W Grand Avenue Ste 200 Chicago, IL 60622	J					Notice Only
Sheet no. <u>5</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >		\$ 885
				Total >		\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.  Elgin Lab Physicians P.O.Box 1509 Elgin, IL 60121-1509	J		Consideration: Medical services			5
ACCOUNT NO.  Enhanced Recovery Company 8014 Bayberry Road Jacksonville, FL 32256-7412	W		Consideration: Collection Agent for Verizon Wireless			Notice Only
ACCOUNT NO.  First National Collections 610 Waltham Way Sparks, NV 89434	W		Consideration: Collection Agent for Directv			Notice Only
ACCOUNT NO.  First Source Financial Solutions 7650 Magna Drive Belleville, IL 62223	J		Consideration: Collection Agent for Rush Copley Medical Center			Notice Only
ACCOUNT NO.  Fox Valley Laboratory Physicians P.O.Box 5133 Chicago, IL 60680-5133	J		Consideration: Medical services			18
Sheet no. <u>6</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ➤	\$ 23	
				Total ➤	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**B6F (Official Form 6F) (12/07) - Cont.**

**In re** Michael Percudani & Dawn Percudani,  
**Debtor**

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED	
ACCOUNT NO.		Consideration: Medical services			
Gastrointestinal Health Specialists 2531 Williamsburg Avenue Suite 301 Geneva, IL 60134	J				504
ACCOUNT NO.					
GB Algonquin 234 S Randall Road Algonquin, IL 60102	H				Notice Only
ACCOUNT NO.		Consideration: Medical services			
General & Vascular Surgery 745 Fletcher Drive #302 Elgin, IL 60123-4750	J				303
ACCOUNT NO.		Consideration: Medical services			
Greater Elgin Emergency Specialists 934 Center St Elgin, IL 60120-2125	J				103
ACCOUNT NO. Multiple Accounts		Consideration: Collection Agent for Kishwaukee Community Hospital and DeKalb Clinic Chartered			
H & R Accounts Inc 7017 John Deere Pkwy Moline, IL 61265	J				Notice Only

Sheet no. 7 of 19 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 910

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.						
Harris & Harris, LTD 600 West Jackson Boulevard Suite 400 Chicago, IL 60661	J		Consideration: Collection Agent for Sherman Hospital			Notice Only
ACCOUNT NO.						
Healthcare Recovery Solutions 1515 190th Street Suite 350 Gardena, CA 90248-4910	J		Consideration: Collection Agent for Central DuPage Hospital			Notice Only
ACCOUNT NO. Multiple Accounts						
Home Loan Services 150 Allegheny Center Mall Pittsburgh, PA 15212	J					Notice Only
ACCOUNT NO.						
Illinois Pathology Services P.O.Box 9846 Peoria, IL 61612	J		Consideration: Medical services			265
ACCOUNT NO.						
Jamile Hussain, MD 6090 Strathmoor Drive Suite 2 Rockford, IL 61107	J		Consideration: Medical services			355
Sheet no. <u>8</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$	620
				Total >	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**B6F (Official Form 6F) (12/07) - Cont.**

**In re** Michael Percudani & Dawn Percudani,  
**Debtor**

**Case No.** \_\_\_\_\_  
**(If known)**

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR  HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED	
ACCOUNT NO.		Consideration: Medical services			
Kirkland Fire Protection District 3891 IL Route 72 Kirkland, IL 60146	J				124
ACCOUNT NO. Multiple Accounts		Consideration: Medical services			
Kishwaukee Community Hospital P. O. Box 846 DeKalb, IL 60115	J				6,574
ACCOUNT NO.		Consideration: Credit card debt			
Kohls / Capital One N56 W 17000 Ridgewood Drive Menomonee Falls, WI 53051	H				2,617
ACCOUNT NO.		Consideration: Medical services			
Life Watch 10255 West Higgins Road Rosemont, IL 60018-5606	J				204
ACCOUNT NO.		Consideration: Collection Agent for American Accounts & Advisers			
Malacko Law Office P.O.Box 135 Cottage Grove, MN 55016	J				Notice Only

Sheet no. 9 of 19 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 9,519

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Medical services			
Marius O. Mokwe, MD 1185 Dundee Avenue Suite D Elgin, IL 60120	J					30
ACCOUNT NO.			Consideration: Collection Agent for United Anesthesia Associates			Notice Only
Medical Business Bureau P.O.Box 1219 Park Ridge, IL 60068-7219	J					
ACCOUNT NO.			Consideration: Collection Agent for Kishwaukee Community Hospital and ARC DeKalb			Notice Only
Medical Recovery Specialists 2250 East Devon Avenue Suite 352 Des Plaines, IL 60018-4519	J					
ACCOUNT NO.			Consideration: Medical services			
Michael J. Monfils, MD P.O.Box 957 Rockford, IL 61105	J					640
ACCOUNT NO.			Consideration: Collection Agent for Rockford Health Physicians			Notice Only
MiraMed Revenue Group Dept. 77304 P.O.Box 77000 Detroit, MI 48277-0304	J					
Sheet no. <u>10</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ➤	\$	670
				Total ➤	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Medical services			
Mobile Anesthesiologists P.O.Box 5634 Carol Stream, IL 60197	J					916
ACCOUNT NO. Multiple Accounts			Consideration: Collection Agent for Swedish American Medical Center			
Mutual Management Services P.O.Box 8740 Rockford, IL 61126	J					Notice Only
ACCOUNT NO.			Consideration: Collection Agent for Quest Diagnostics			
National Asset Management P.O.Box 703 Moon Twp, PA 15108	J					Notice Only
ACCOUNT NO.			Consideration: Medical services			
Northwest Suburban Imaging 34659 Eagle Way Chicago, IL 60678-1346	J					204
ACCOUNT NO.			Consideration: Medical services			
Oral & Maxillofacial Surgeons 1675 Bethany Road Suite A Sycamore, IL 60178-3160	J					252
Sheet no. <u>11</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >		\$ 1,372
				Total >		\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Medical services			
OSF Healthcare Common Business Office P.O.Box 1806 Peoria, IL 61656-1806	J					400
ACCOUNT NO.			Consideration: Medical services			
OSF St. Anthony Medical Center 5510 East State Street Rockford, IL 61108-2381	J					1,622
ACCOUNT NO.			Consideration: Collection Agent for Consultants in Diagnostic Imaging			
Pellettieri & Associates 991 Oak Creek Drive Lombard, IL 60148-6408	J					Notice Only
ACCOUNT NO.			Consideration: Medical services			
Physicians Immediate Care Attn: Billing Department P.O.Box 2176, Dept. 5389 Milwaukee, WI 53201-2176	J					86
ACCOUNT NO.			Consideration: Collection Agent for Verizon			
Pinnacle Credit Service 7900 Highway 7 # 100 Saint Louis Park, MN 55426	W					Notice Only
Sheet no. <u>12</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >		\$ 2,108
				Total >		\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Collection Agent for Capital One			
Portfolio Recovery Associates 120 Corporate Blvd Ste 1 Norfolk, VA 23502	H					Notice Only
ACCOUNT NO.			Consideration: Medical services			
Quest Diagnostics 1355 Mittel Boulevard Wooddale, IL 60191-1024	J					130
ACCOUNT NO.			Consideration: Medical services			
Radiologists, Ltd P.O.Box 27 Sycamore, IL 60178	J					13
ACCOUNT NO. Multiple Accounts						
RBS Citizens NA 480 Jefferson Boulevard Warwick, RI 02886	H					Notice Only
ACCOUNT NO.			Consideration: Medical services			
Reddy Medical Associates P.O.Box 2148 Indianapolis, IN 46206	J					14
Sheet no. <u>13</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$	157
				Total >	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.  Resort Recovery 2535 Camino Del Rio San Diego, CA 92108	J		Consideration: Collection Agent for Universal Vacation Club		X	Notice Only
ACCOUNT NO.  Revenue Management of Illinois Corp. P.O.Box 191 Barrington, IL 60011-0191	J		Consideration: Collection Agent for Community Neurologic Center			Notice Only
ACCOUNT NO.  Rockford Associated Clinical Pathologist P.O.Box 8768 Rockford, IL 61126-8768	J		Consideration: Medical services			26
ACCOUNT NO.  Rockford Gastroenterologists Associates 401 Roxbury Road Rockford, IL 61107-5075	J		Consideration: Medical services			284
ACCOUNT NO.  Rockford Health Physicians 2300 North Rockton Avenue Rockford, IL 61103-3619	J		Consideration: Medical services			322
Sheet no. <u>14</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >		\$ 632
				Total >		\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Medical services			
Rockford Health Systems 2400 North Rockton Avenue Rockford, IL 61103	J					1,020
ACCOUNT NO. Multiple Accounts			Consideration: Collection Agent for Multiple Medical Providers			
Rockford Mercantile 2502 S Alpine Road Rockford, IL 61108	J					Notice Only
ACCOUNT NO.			Consideration: Medical services			
Rockford Radiology P.O.Box 1790 Brookfield, WI 53008-1790	J					13
ACCOUNT NO.			Consideration: Medical services			
Rockford Radiology Associates P.O.Box 44269 Madison, WI 53744-4269	J					19
ACCOUNT NO. Multiple Accounts			Consideration: Collection Agent for Kirkland Medical Clinic & Kishwaukee Medical Associates			
RRCA Account Management 201 E 3rd Street Sterling, IL 61081	H					Notice Only
Sheet no. <u>15</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$	1,052
				Total >	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.			Consideration: Medical services			
Rush Copley Medical Center 2000 Ogden Avenue Aurora, IL 60504	J					100
ACCOUNT NO.			Consideration: Medical services			
Sherman Hospital 934 Center Street Elgin, IL 60120-2198	J					961
ACCOUNT NO.			Consideration: Collection Agent for Tre Milano Instyler			
SKO Brenner American Inc. 40 Daniel Street Farmington, NY 11735	W					Notice Only
ACCOUNT NO.			Consideration: Cellular Service			
Sprint KSOPHT0101-Z4300 6391 Sprint Parkway Overland Park KS 66251-4300	J					252
ACCOUNT NO.			Consideration: Medical services			
Swedish American Hospital P.O.Box 1567 Rockford, IL 61110-0067	J					1,496
Sheet no. <u>16</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$	2,809
				Total >	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.  The CBE Group 131 Tower Park Drive Suite 100 Waterloo, IA 50701		W	Consideration: Collection Agent for Directv			Notice Only
ACCOUNT NO.  Thomas L. Michalsen DO 406 South 5th Street Kirkland, IL 60146		J	Consideration: Medical services			33
ACCOUNT NO.  Tre Milano Llc. 5826 Uplander Way Culver City Ca 90230		W	Consideration: Credit card debt			79
ACCOUNT NO.  United Anesthesia Associates P.O.Box 646 Elgin, IL 60121		J	Consideration: Medical services			156
ACCOUNT NO.  Universal Vacation Club P.O.Box 881069 San Diego, CA 92168-1069			Consideration: Vacation Club Membership		X	2,875
Sheet no. <u>17</u> of <u>19</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >		\$ 3,143
				Total >		\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Michael Percudani & Dawn Percudani,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO.						
US Bank Home Mortgage 4801 Frederica Street Owensboro, KY 42301	H					Notice Only
ACCOUNT NO. 13 CH 172			Consideration: Foreclosed former homestead real estate			
US Bank NA c/o David Hugar 1N Dearborn, Suite 1300 Chicago, IL 60602	J					Notice Only
ACCOUNT NO.			Consideration: Collection Agent for Verizon Wireless			
Vantage Sourcing 328 Ross Clark Circle Dothan, AL 36303	W					Notice Only
ACCOUNT NO.			Consideration: Cellular Service			
Verizon Wireless Customer Service Department 777 Big Timber Road Elgin, IL 60123	J					131
ACCOUNT NO.			Consideration: Collection Agent for Verizon Wireless			
Virtuoso Sourcing Group P.O.Box 5818 Denver, CO 80217-5818	W					Notice Only
Sheet no. 18 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal >	\$ 131	
				Total >	\$	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**B6F (Official Form 6F) (12/07) - Cont.**

**In re** Michael Percudani & Dawn Percudani,  
**Debtor**

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR  HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
			DISPUTED		
ACCOUNT NO.					
Webbank / DFS 1 Dell Way Round Rock, TX 78682	H				Notice Only
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					

Sheet no. 19 of 19 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal >

§ 0

Total >

32,958

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

In re Michael Percudani & Dawn Percudani

Case No.

Debtor

(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Christine Demory P.O.Box 544 Sterling, IL 61081	Unexpired lease of residential property

In re Michael Percudani & Dawn Percudani  
Debtor

Case No.

(if known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 Michael Percudani  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Debtor 2 Dawn Percudani  
 (Spouse, if filing) First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 United States Bankruptcy Court for the: Northern District of IL  
 Case number (If known) \_\_\_\_\_

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date:  
 MM / DD / YYYY

Official Form B 6l

**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Service Manager	Receptionist
Employer's name	Brian Bemis Auto World	Eye Q Vision
Employer's address	1875 DeKalb Avenue Number Street    Sycamore, IL 60178 City State ZIP Code	2127 Midlands Court Number Street    Sycamore, IL 60178 City State ZIP Code
How long employed there?	10 years	2 years

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1	For Debtor 2 or non-filing spouse
2. \$ 6,663	\$ 1,974
3. + \$ 0	+ \$ 0
4. \$ 6,663	\$ 1,974

Michael Percudani

Debtor 1

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here.....</b>	→ 4. \$ <u>6,663</u>	\$ <u>1,974</u>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <u>1,428</u>	\$ <u>1,581</u>
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <u>0</u>	\$ <u>0</u>
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <u>200</u>	\$ <u>0</u>
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <u>0</u>	\$ <u>0</u>
5e. <b>Insurance</b>	5e. \$ <u>1,190</u>	\$ <u>0</u>
5f. <b>Domestic support obligations</b>	5f. \$ <u>0</u>	\$ <u>0</u>
5g. <b>Union dues</b>	5g. \$ <u>0</u>	\$ <u>0</u>
5h. <b>Other deductions. Specify: ;</b>	5h. +\$ <u>0</u>	+ \$ <u>0</u>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>2,818</u>	\$ <u>1,581</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <u>3,845</u>	\$ <u>393</u>
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b>		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0</u>	\$ <u>0</u>
8b. <b>Interest and dividends</b>	8b. \$ <u>0</u>	\$ <u>0</u>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0</u>	\$ <u>0</u>
8d. <b>Unemployment compensation</b>	8d. \$ <u>0</u>	\$ <u>0</u>
8e. <b>Social Security</b>	8e. \$ <u>0</u>	\$ <u>0</u>
8f. <b>Other government assistance that you regularly receive</b>		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	\$ <u>0</u>	\$ <u>0</u>
Specify: ;	8f.	
8g. <b>Pension or retirement income</b>	8g. \$ <u>0</u>	\$ <u>0</u>
8h. <b>Other monthly income. Specify: ;</b>	8h. +\$ <u>0</u>	+ \$ <u>0</u>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>0</u>	\$ <u>0</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9.		
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>3,845</u>	+ \$ <u>393</u> = \$ <u>4,238</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: ;	11. + \$ <u>0</u>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.		
Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <u>4,238</u>	
	<b>Combined monthly income</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Michael Percudani	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Dawn Percudani	
First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of IL
Case number (if known)		

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:  
 MM / DD / YYYY  
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

## Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Daughter

Dependent's age

21 years

Does dependent live with you?

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

Daughter

15 years

Daughter

.....

.....

.....

.....

.....

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses	
4.	\$ 1,225
4a.	\$ 0
4b.	\$ 0
4c.	\$ 0
4d.	\$ 0

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

Debtor 1 **Michael Percudani**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

5. **Additional mortgage payments for your residence**, such as home equity loans

**Your expenses**  
 5. \$ \_\_\_\_\_ 0

6. **Utilities:**

6a. Electricity, heat, natural gas  
 6b. Water, sewer, garbage collection  
 6c. Telephone, cell phone, Internet, satellite, and cable services  
 6d. Other. Specify: \_\_\_\_\_

6a. \$ \_\_\_\_\_ 215  
 6b. \$ \_\_\_\_\_ 66  
 6c. \$ \_\_\_\_\_ 430  
 6d. \$ \_\_\_\_\_ 0

7. **Food and housekeeping supplies**

7. \$ \_\_\_\_\_ 700

8. **Childcare and children's education costs**

8. \$ \_\_\_\_\_ 0

9. **Clothing, laundry, and dry cleaning**

9. \$ \_\_\_\_\_ 125

10. **Personal care products and services**

10. \$ \_\_\_\_\_ 75

11. **Medical and dental expenses**

11. \$ \_\_\_\_\_ 278

12. **Transportation**. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ \_\_\_\_\_ 575

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ \_\_\_\_\_ 200

14. **Charitable contributions and religious donations**

14. \$ \_\_\_\_\_ 20

15. **Insurance**.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance \$ \_\_\_\_\_ 0  
 15b. Health insurance \$ \_\_\_\_\_ 0  
 15c. Vehicle insurance \$ \_\_\_\_\_ 180  
 15d. Other insurance. Specify: \_\_\_\_\_ \$ \_\_\_\_\_ 0

16. **Taxes**. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ \_\_\_\_\_ 0

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1  
 17b. Car payments for Vehicle 2  
 17c. Other. Specify: \_\_\_\_\_  
 17d. Other. Specify: \_\_\_\_\_

17a. \$ \_\_\_\_\_ 0  
 17b. \$ \_\_\_\_\_ 0  
 17c. \$ \_\_\_\_\_ 0  
 17d. \$ \_\_\_\_\_ 0

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).**

18. \$ \_\_\_\_\_ 0

19. **Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. \$ \_\_\_\_\_ 0

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property  
 20b. Real estate taxes  
 20c. Property, homeowner's, or renter's insurance  
 20d. Maintenance, repair, and upkeep expenses  
 20e. Homeowner's association or condominium dues

20a. \$ \_\_\_\_\_ 0  
 20b. \$ \_\_\_\_\_ 0  
 20c. \$ \_\_\_\_\_ 0  
 20d. \$ \_\_\_\_\_ 0  
 20e. \$ \_\_\_\_\_ 0

Debtor 1 Michael Percudani  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: <u>Pet Costs</u>	21. +\$ <u>100</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	\$ <u>4,189</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	\$ <u>4,238</u>
23b. Copy your monthly expenses from line 22 above.	-\$ <u>4,189</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	\$ <u>49</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

**B6 Summary (Official Form 6 - Summary) (12/14)**

**United States Bankruptcy Court**  
Northern District of Illinois

In re Michael Percudani & Dawn Percudani  
Debtor

Case No. \_\_\_\_\_  
Chapter 7 \_\_\_\_\_

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

**AMOUNTS SCHEDULED**

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0		
B - Personal Property	YES	4	\$ 18,297		
C - Property Claimed as exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 0	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0	
F - Creditors Holding Unsecured Nonpriority Claims	YES	20		\$ 32,958	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	2			\$ 4,238
J - Current Expenditures of Individual Debtors(s)	YES	3			\$ 4,189
<b>TOTAL</b>		36	\$ 18,297	\$ 32,958	

United States Bankruptcy Court  
Northern District of IllinoisIn re Michael Percudani & Dawn Percudani  
DebtorCase No. \_\_\_\_\_  
Chapter 7 \_\_\_\_\_**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0
Student Loan Obligations (from Schedule F)	\$ 0
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0
<b>TOTAL</b>	<b>\$ 0</b>

**State the Following:**

Average Income (from Schedule I, Line 12)	\$ 4,238
Average Expenses (from Schedule J, Line 22)	\$ 4,189
Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 Line 14 )	\$ 7,635

**State the Following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ 0
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0
4. Total from Schedule F	\$ 32,958
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 32,958



In Re Michael Percudani & Dawn PercudaniCase No. \_\_\_\_\_  
(if known)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

## DEFINITIONS

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

**1. Income from employment or operation of business**

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2015(db)	23,915.16	Brian Bemis Auto World Sycamore, IL 60178
2014(db)	53,942.82	Brian Bemis Auto World Sycamore, IL 60178
2013(db)	51,368.01	Brian Bemis Auto World Sycamore, IL 60178
2015(jdb)	7,137.95	Eye Q Vision Sycamore, IL 60178

AMOUNT	SOURCE (if more than one)
2014(jdb) 23,855.86	23,204.26: Eye Q Vision, Sycamore, IL 60178 651.60: Yamber R.E. Mngmt, DeKalb, IL 60115
2013(jdb) 18,044.35	16,137.80: Eye Q Vision, Sycamore, IL 60178 1,906.55: Walcamp Ministries, Kingston, IL 60145

**2. Income other than from employment or operation of business**

None  State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
(db)	
2013(db) 1,646.93	Misc. Income from home sale of Scentsy

**3. Payments to creditors**

None

Complete a. or b., as appropriate, and c.

*a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None  

*b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

*\*Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after date of adjustment.*

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
--	----------------------	----------------	-----------------------

None  

*c. All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
--	----------------------	-------------	-----------------------

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None  

*a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
US Bank v. Michael & Dawn Percudani #13 CH 172	Foreclosure Action	DeKalb County Circuit Court Sycamore, IL 60178	Judgment entered 6/19/14
Capital One Bank v. Michael Percudani #13 SC 1371	Small Claims Action	DeKalb County Circuit Court Sycamore, IL 60178	Judgment entered 9/24/14 for \$1,877.73
IRMO Percudani #13D151	Dissolution of Marriage	DeKalb County Circuit Court Sycamore, IL 60178	Case dismissed
Equable Ascent Financial v. Dawn Percudani #11 SC 185	Small Claims Action	DeKalb County Circuit Court Sycamore, IL 60178	Judgment entered 8/31/11

None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Capital One Bank c/o Freedman, Anselmo, et al 1807 W Diehl Rd Naperville, IL 60563	1/21/15	\$1,877.73

#### 5. Repossessions, foreclosures and returns

None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
US National Bank c/o David Huger Attorney at law 1 N Dearborn, Ste 1300 Chicago, IL 60602	6/19/14	Real Estate at 1504 Elizabeth Ct, Kirkland, IL 60146 \$160,221.00 value sold at Sheriff Sale: 11/21/14 for \$103,000.00

#### 6. Assignments and Receiverships

None  a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------------	--	------------------	--------------------------------------

#### 7. Gifts

None  List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	-----------------------------------	-----------------	----------------------------------

#### 8. Losses

None  List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
---	---	-----------------

#### 9. Payments related to debt counseling or bankruptcy

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
------------------------------	---	--

Brian K. Wright Wright & Associates 437 West State Street Suite 101 Sycamore, IL 60178	2/2/14	\$400.00
--	--------	----------

Access Counseling, Inc. 633 W 5th Street Suite 26001 Los Angeles, CA 90071	3/30/15	\$9.00
---	---------	--------

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Brian K. Wright Brian Wright & Associates, P.C. 437 West State Street Suite 101 Sycamore, IL 60178	4/21/15	\$1,100.00

**10. Other transfers**

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.		
None <input checked="" type="checkbox"/> NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

**11. Closed financial accounts**

None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
TCF National Bank 800 Burr Ridge Parkway Burr Ridge, IL 60527	Savings Account Closing Balance: \$500.00	4/20/15 \$500.00

**12. Safe deposit boxes**

None  List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	----------------------------	---

**13. Setoffs**

None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------------	------------------------

**14. Property held for another person**

None  List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

**15. Prior address of debtor**

None  If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
1504 Elizabeth Court Kirkland, IL 60146	Same	2004 - 2014

---

**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

---

**17. Environmental Sites**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

---

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

---

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

---

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------

**18. Nature, location and name of business**

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	-------------------------------

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

**[Questions 19 - 25 are not applicable to this case]**

\* \* \* \*

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date \_\_\_\_\_

Signature  
of Debtor

/s/ Michael Percudani

MICHAEL PERCUDANI

Date \_\_\_\_\_

Signature  
of Joint Debtor

/s/ Dawn Percudani

## DAWN PERCUDANI

0 continuation sheets attached

***Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571***

---

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

***A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.***

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

Michael Percudani & Dawn Percudani

In re \_\_\_\_\_, Case No. \_\_\_\_\_  
Debtor Chapter 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1 NO SECURED PROPERTY	
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>
Property will be ( <i>check one</i> ): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to ( <i>check at least one</i> ): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).	
Property is ( <i>check one</i> ): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 ( <i>if necessary</i> )	
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>
Property will be ( <i>check one</i> ): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to ( <i>check at least one</i> ): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).	
Property is ( <i>check one</i> ): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)

Property No. 1	<b>Describe Leased Property:</b> Unexpired lease of residential property	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Lessor's Name: Christine Demory P.O.Box 544 Sterling, IL 61081		

Property No. 2 (if necessary)	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)): <input type="checkbox"/> YES <input type="checkbox"/> NO
Lessor's Name:		

Property No. 3 (if necessary)	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2)): <input type="checkbox"/> YES <input type="checkbox"/> NO
Lessor's Name:		

0 continuation sheets attached (if any)

**I declare under penalty of perjury that the above indicates my intention as to any property of my Estate securing debt and/or personal property subject to an unexpired lease.**

Date: \_\_\_\_\_

/s/ Michael Percudani

Signature of Debtor

/s/ Dawn Percudani

Signature of Joint Debtor

B 201B (Form 201B) (12/09)

United States Bankruptcy Court  
Northern District of Illinois

In re Michael Percudani & Dawn Percudani  
Debtor

Case No. \_\_\_\_\_  
(If known)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code

Printed name and title, if any, of Bankruptcy Petition Preparer  
Address:

---

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

X  
Signature of Bankruptcy Petition Preparer or officer,  
Principal, responsible person, or partner whose Social  
Security number is provided above.

**Certification of the Debtor**

I, (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code

Michael Percudani & Dawn Percudani  
Printed Names(s) of Debtor(s)

X /s/ Michael Percudani  
Signature of Debtor

Date

Case No. (if known) \_\_\_\_\_

X /s/ Dawn Percudani  
Signature of Joint Debtor, (if any)

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Account Recovery Services  
P.O.Box 2526  
Loves Park, IL 61132

Accounts Receivable Services  
5183 Harlem Road  
Loves Park, IL 61111

Advanced Cardiology  
1710 North Randall Road  
Suite 340  
Elgin, IL 60123-9405

Affilitated Surgeons of Rockford  
2300 North Rockton Avenue  
Rockford, IL 61103

American Accounts & Advisers  
7460 80th Street S  
Cottage Grove, MN 55016

American Medical Collection Agency  
4 Westchester Plaza, Building 4  
Elmsford, NY 10523

ARC - DeKalb  
520 East 22nd Street  
Lomberd, IL 60148-6110

ARS  
P.O.Box 2526  
Loves Park, IL 61132

Beaute Emergente LLC  
1016 Featherstone Road  
Rockford, IL 61107

Capital One  
PO Box 85520  
Richmond, VA 23285

Capital One Bank NA  
c/o Freedman, Anselmo, Leibske & Moore  
1807 W Diehl Road  
Naperville, IL 60563

Central DuPage Hospital  
25 North Winfield Road  
Winfield, IL 60190

Chase Card  
Po Box 15298  
Wilmington, DE 19850

Christine Demory  
P.O.Box 544  
Sterling, IL 61081

Commonwealth Edison  
3 Lincoln Center  
Attn: Bkcy Group-Claims Dept.  
Oakbrook Terrace, IL 60181

Community Neurologic Center  
2172 Blackberry Drive  
Suite 202  
Geneva, IL 60134

Community Neurologic Center  
2172 Blackberry Drive  
Suite 202  
Geneva, IL 60134-1106

Como Law Firm  
P.O.Box 130668  
St. Paul, MN 55113-0006

Consultants in Diagnostic Imaging  
P.O.Box 865  
DeKalb, IL 60115

Convergent Healthcare Recoveries, Inc.  
121 NE Jefferson Street  
Suite 100  
Peoria, IL 61602

Convergent Outsourcing  
800 SW 39th Street  
Renton, WA 98057

Credit Protection Association  
13355 Noel Road  
Dallas, TX 75240

Creditors Collection B  
755 Almar Parkway  
Bourbonnais, IL 60914

Creditors Protection S  
202 W State Street  
Suite 300  
Rockford, IL 61101

Crestwood Group  
P.O.Box 22630  
Cleveland, OH 44122

Dale A. Drake, DDS  
515 Pearl Street  
Belvidere, IL 61008

DeKalb Clinic Chartered  
1850 Gateway Drive  
Sycamore, IL 60178

DIRECTV Customer Service  
P.O. Box 6550  
Greenwood Village, CO 80155-6550

Diversified Services Group  
5800 East Thomas Road  
Suite 107  
Scottsdale, AZ 85251

DSG Collections  
1824 W Grand Avenue  
Ste 200  
Chicago, IL 60622

Elgin Lab Physicians  
P.O.Box 1509  
Elgin, IL 60121-1509

Enhanced Recovery Company  
8014 Bayberry Road  
Jacksonville, FL 32256-7412

First National Collections  
610 Waltham Way  
Sparks, NV 89434

First Source Financial Solutions  
7650 Magna Drive  
Belleville, IL 62223

Fox Valley Laboratory Physicians  
P.O.Box 5133  
Chicago, IL 60680-5133

Gastrointestinal Health Specialists  
2531 Williamsburg Avenue  
Suite 301  
Geneva, IL 60134

GB Algonquin  
234 S Randall Road  
Algonquin, IL 60102

General & Vascular Surgery  
745 Fletcher Drive  
#302  
Elgin, IL 60123-4750

Greater Elgin Emergency Specialists  
934 Center St  
Elgin, IL 60120-2125

H & R Accounts Inc  
7017 John Deere Pkwy  
Moline, IL 61265

Harris & Harris, LTD  
600 West Jackson Boulevard  
Suite 400  
Chicago, IL 60661

Healthcare Recovery Solutions  
1515 190th Street  
Suite 350  
Gardena, CA 90248-4910

Home Loan Services  
150 Allegheny Center Mall  
Pittsburgh, PA 15212

Illinois Pathology Services  
P.O.Box 9846  
Peoria, IL 61612

Jamile Hussain, MD  
6090 Strathmoor Drive  
Suite 2  
Rockford, IL 61107

Kirkland Fire Protection District  
3891 IL Route 72  
Kirkland, IL 60146

Kishwaukee Community Hospital  
P. O. Box 846  
DeKalb, IL 60115

Kohls / Capital One  
N56 W 17000 Ridgewood Drive  
Menomonee Falls, WI 53051

Life Watch  
10255 West Higgins Road  
Rosemont, IL 60018-5606

Malacko Law Office  
P.O.Box 135  
Cottage Grove, MN 55016

Marius O. Mokwe, MD  
1185 Dundee Avenue  
Suite D  
Elgin, IL 60120

Medical Business Bureau  
P.O.Box 1219  
Park Ridge, IL 60068-7219

Medical Recovery Specialists  
2250 East Devon Avenue  
Suite 352  
Des Plaines, IL 60018-4519

Michael J. Monfils, MD  
P.O.Box 957  
Rockford, IL 61105

MiraMed Revenue Group  
Dept. 77304  
P.O.Box 77000  
Detroit, MI 48277-0304

Mobile Anesthesiologists  
P.O.Box 5634  
Carol Stream, IL 60197

Mutual Management Services  
P.O.Box 8740  
Rockford, IL 61126

National Asset Management  
P.O.Box 703  
Moon Twp, PA 15108

Northwest Suburban Imaging  
34659 Eagle Way  
Chicago, IL 60678-1346

Oral & Maxillofacial Surgeons  
1675 Bethany Road  
Suite A  
Sycamore, IL 60178-3160

OSF Healthcare  
Common Business Office  
P.O.Box 1806  
Peoria, IL 61656-1806

OSF St. Anthony Medical Center  
5510 East State Street  
Rockford, IL 61108-2381

Pellettieri & Associates  
991 Oak Creek Drive  
Lombard, IL 60148-6408

Physicians Immediate Care  
Attn: Billing Department  
P.O.Box 2176, Dept. 5389  
Milwaukee, WI 53201-2176

Pinnacle Credit Service  
7900 Highway 7  
# 100  
Saint Louis Park, MN 55426

Portfolio Recovery Associates  
120 Corporate Blvd  
Ste 1  
Norfolk, VA 23502

Quest Diagnostics  
1355 Mittel Boulevard  
Wooddale, IL 60191-1024

Radiologists, Ltd  
P.O.Box 27  
Sycamore, IL 60178

RBS Citizens NA  
480 Jefferson Boulevard  
Warwick, RI 02886

Reddy Medical Associates  
P.O.Box 2148  
Indianapolis, IN 46206

Resort Recovery  
2535 Camino Del Rio  
San Diego, CA 92108

Revenue Management of Illinois Corp.  
P.O.Box 191  
Barrington, IL 60011-0191

Rockford Associated Clinical Pathologist  
P.O.Box 8768  
Rockford, IL 61126-8768

Rockford Gastroenterologists Associates  
401 Roxbury Road  
Rockford, IL 61107-5075

Rockford Health Physicians  
2300 North Rockton Avenue  
Rockford, IL 61103-3619

Rockford Health Systems  
2400 North Rockton Avenue  
Rockford, IL 61103

Rockford Mercantile  
2502 S Alpine Road  
Rockford, IL 61108

Rockford Radiology  
P.O.Box 1790  
Brookfield, WI 53008-1790

Rockford Radiology Associates  
P.O.Box 44269  
Madison, WI 53744-4269

RRCA Account Management  
201 E 3rd Street  
Sterling, IL 61081

Rush Copley Medical Center  
2000 Ogden Avenue  
Aurora, IL 60504

Sherman Hospital  
934 Center Street  
Elgin, IL 60120-2198

SKO Brenner American Inc.  
40 Daniel Street  
Farmington, NY 11735

Sprint  
KSOPHT0101-Z4300  
6391 Sprint Parkway  
Overland Park KS 66251-4300

Swedish American Hospital  
P.O.Box 1567  
Rockford, IL 61110-0067

The CBE Group  
131 Tower Park Drive  
Suite 100  
Waterloo, IA 50701

Thomas L. Michalsen DO  
406 South 5th Street  
Kirkland, IL 60146

Tre Milano Llc.  
5826 Uplander Way  
Culver City Ca 90230

United Anesthesia Associates  
P.O.Box 646  
Elgin, IL 60121

Universal Vacation Club  
P.O.Box 881069  
San Diego, CA 92168-1069

US Bank Home Mortgage  
4801 Frederica Street  
Owensboro, KY 42301

US Bank NA  
c/o David Hugar  
1N Dearborn, Suite 1300  
Chicago, IL 60602

Vantage Sourcing  
328 Ross Clark Circle  
Dothan, AL 36303

Verizon Wireless  
Customer Service Department  
777 Big Timber Road  
Elgin, IL 60123

Virtuoso Sourcing Group  
P.O.Box 5818  
Denver, CO 80217-5818

Webbank / DFS  
1 Dell Way  
Round Rock, TX 78682

United States Bankruptcy Court  
Northern District of Illinois

In re Michael Percudani & Dawn Percudani

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 1,500  
Prior to the filing of this statement I have received ..... \$ 1,500  
Balance Due ..... \$ 0

2. The source of compensation paid to me was:

Debtor  Other (specify)

3. The source of compensation to be paid to me is:

Debtor  Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

/s/ Brian K. Wright

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney

Brian Wright & Associates, P.C.

\_\_\_\_\_  
Name of law firm